



PATENT
450100-02228

19 / 11-14-03
NP
C/m

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.

Serial No. : 09/464,161

For : IMAGE PROCESSING APPARATUS, IMAGE
PROCESSING METHOD, PROVIDING MEDIUM
AND PRESENTATION SYSTEM

RECEIVED

Filed : December 16, 1999

NOV 03 2003

Examiner : K. Nguyen

Technology Center 2600

Art Unit : 2674

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 28, 2003.**

Dennis M. Smid, Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Signature

October 28, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action dated July 28, 2003, please amend the above-referenced application as follows:



2674
PATENT
450100-02228

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.
Serial No. : 09/464,161
For : IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD,
PROVIDING MEDIUM AND PRESENTATION SYSTEM
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NOV 03 2003

Technology Center 2600

745 Fifth Avenue
N.Y. N.Y. 10151

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450 Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	= 20	0 x	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 x	\$84(42)	= \$.00
				Total additional fee for this amendment		\$.00

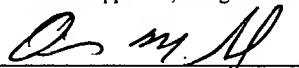
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$420 (\$210), __ \$950 (\$475), __ \$1,480 (\$740) for the requisite extension __ paid herewith.
- ☐ A check in the amount of \$.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 28, 2003.

Dennis M. Smid, Reg. No. 34,930

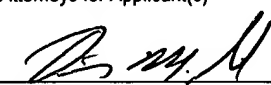
Name of Applicant, Assignee or Registered Representative


Signature

October 28, 2003

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)


By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800